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AUTHOR Kreger, Robert D.; Kreger, Linda R.
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ABSTRACT

The authors present an overview of an assessment and intervention model designed for emotionally disturbed students. The approach is based on an integration of the interrelated theories of S. Freud, E. Erikson and J. Piaget as well as the works of other major professionals in the fields of education, psychology and child development. Brief discussions focus on the developmental approach and the assessment and intervention strategies. Sample assessment and intervention patterns are traced for five variables (developmental problems and symptoms, impulsivity, morality, interaction with adults, and interaction with other children) and four stages (ages 0 to 1.5, 1.5 to 3, 3 to 6, and 6 to 12). (Author/CL)

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Looking at Emotional Disturbance from a Developmental Perspective: An Assessment and Treatment Model

by

Robert D. Kreger, Ph.D.

and

Linda R. Kreger, Ph.D.

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"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
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Abstract: To further advance the developmental approach in the area of Special Education for the disturbed, the authors of this article will present an overview of a model they designed. It is based totally on an integration of the interrelated theories of Freud, Erikson and Piaget as well as the works of other major professionals in the fields of education, psychology and child development. After brief discussions on the topics of: developmental approach and the assessment and intervention portions, the authors offer the reader sample pages of the assessment and intervention portions of their book now in press.

Recent literature addresses the need for educators of emotionally disturbed children to apply findings of developmental psychology within systematic intervention models (Redl, 1969; Piaget, 1975; Achenbach, 1974; Cowan, 1978; Swap, 1974). However, there is both a scarcity of such approaches and little scientific evidence supporting the effectiveness of any other psychodynamic approach to intervention in this regard.

Educators of disturbed children do not have a systematic method available to them for evaluating (assessing) and treating (correcting) the emotional-social status of the child. Only one model has attempted a developmental approach (Wood, 1975). However, Wood's model cannot be applied on a broad basis and is questionable with regard to specific theoretical origins. Psychodynamic and behavioral models of intervention are generally and currently in use. While both these approaches aim to remediate disturbed behavior within their respective frameworks, they devote little attention to either developmental psychology or applications of such theory to education.

A survey of the literature reveals that attempts to apply concepts from an integration of the major theories of Freud, Erikson and Piaget are valuable, yet nonexistent in programs for disturbed children (Achenbach, 1974; Cowan, 1978). Such a model with regard to assessment would enable the educator to assess both the degree and form of disturbance; one could evaluate quantitative delays in and/or qualitative aberrances of development in the emotional-social area from a codification of theoretical data in the form of a descriptive assessment instrument.

This instrument could be used to assess the emotional-social status of any child, normal or exceptional, in the emotional-social area.

Also, and about which this paper is concerned, such a model with regard to intervention would enable the educator to provide each child with a systematic set of therapeutic educational interventions. These interventions would encourage the child to negotiate emotional-social milestones and processes successfully. They would address stage-related processes and needs which, if left unmet, would maintain the delay and/or aberrance typifying the child's maladaptive style.

The developmental approach to disturbance

A developmental approach to the education of children is based upon an organismic rather than a mechanistic view of growth (Takanishi, 1978). An organismic model assumes that the child is an active organism. A mechanistic model. i.e., behavioral, assumes that the child is a reactive organism. The developmental perspective thus: (1) implies that observations of behavior must be evaluated with respect to their meaning in context, not as isolated behavioral items of analysis; (2) leads to a shift away from criterion performance objectives to a concern with the processes underlying behavior; (3) emphasizes changes in affective (emotional-social) and cognitive structures in growth rather than isolated behavioral changes alone; (4) focuses on reciprocal relationships between the child and the environment rather

than only the actions of the environment on the child; and (5) believes that development is organized and complex, not merely segmented and simple.

In the (special) education of non-disturbed children, i.e. those with handicaps in mental, physical, perceptual and/or language functioning, developmental approaches to both assessment and intervention are widespread. After initial evaluation to determine the child's actual level of functioning in the handicapped area of development, corrective educational strategies then are employed to allow for progressive growth. These strategies are guided by theoretical applications and are utilized regardless of specific labels, age, etiologies or other valuable, but often impractical considerations.

Approaches to the education of disturbed children which are truly developmental would be central to the psychodynamic position with regard to both assessment and intervention. As inferred earlier in this article, developmental approaches would include the following: (1) adherence to theoretically based lines of development; (2) attention to processes of development, common to all areas of growth; (3) focus on the interrelated areas of development, particularly affect and cognition; and (4) emphasis on helping the child negotiate earlier stages of development which remain unfulfilled. In this regard, the teacher would function as an educational therapist, a "clinically sophisticated pathologist of the learning process" (Kubie, 1969).

The Kreger Model

The Kreger Model, used successfully with many children (L. Kreger, 1980), was developed over several years especially for use with emotionally disturbed children. It follows the developmental principles discussed earlier and the assumption held by many experts in the field (Achenbach, 1978; Herbert, 1974; Cowan, 1974; et al.) that the disturbed child is not unlike "normal" children but only exhibits a developmental lag (delay) in the rate and/or form at which he progressed through normal processes. The model includes the authors' integration of major complimentary theories in emotional, social and cognitive growth and disorder used as a framework for the model, discussions on observing children correctly, writing I.E.P.'s, record keeping and training parents (Kreger and Kreger, in press). But the model's main portions are the developmental assessment and intervention designs which first evaluate the child's unique level and form of emotional-social functioning and then provide for an educationally therapeutic design based on his specific needs. The assessment portion of this model includes five variables for each of four stages of childhood as depicted in the following chart. The intervention portion is organized so that, after evaluating the child's stage (level) and form (style) of emotional-social functioning, one turns to the intervention portion for that stage and form. The interventions for each stage, are grouped into: 1) a summary page designating who-where-how-what are most important at this time, 2) sections of Interactions with Adults, Interactions with Other Children, Cognitive and Related Educational Activities, and 3) Special Needs (for severe problems). [See Figure 1].

Theoretical Information on Normative and Aberrant Emotional-Social Development from Consistent Themes Found in the Stage Theories of Freud, Erikson, and Piaget

codified and extrapolated according to

Four Stages of Childhood:	Five Variables:	Continuums of Adaptive Functioning Ranging from:
I. Ages 0-1½	1. Developmental Problems and Symptoms	
II. Ages 1½-3	2. Impulsivity	
III. Ages 3-6	3. Morality	
IV. Ages 6-12	4. Interaction with Adults	Norma-
	5. Interaction with Other Children	Passive ← tive → Active Form

Individualized Program of Psychoeducational Intervention Based Upon Same Theoretical Framework

Figure 1. Overview of Kreger Model

The assessment and intervention designs

At the end of this article are sample pages from the full text now in press of the assessment and intervention portions. The full assessment includes five variables and four stages. The interventions are for each of the four stages also.

Discussion

There has been little research thus far which addresses corrective education of emotionally disturbed children with regard to the emotional and social areas of development. Most research focuses on specific overt behavior changes over short periods of time or on academic functioning, giving little heed to the areas of concern--the emotional and social areas. It is time that educators stop denying that they should be as knowledgeable about normal and abnormal development in the emotional and social areas as they are about academic concerns. One must realize that all these areas affect each other and that all children have not been offered or have not been able to benefit from proper psychological experiences which enhance rather than disturb development prior to school. For these and all other children, we must be knowledgeable interpretors of children's needs and empathetic respondents to these needs. To do so is to be a true educator.

Psychological development is complex. What affects the child is also affected by the child. It is often a vicious circle, particularly in the area of emotional development, where the mistreated or handicapped child must adapt to an

inappropriate or complex world by developing traits and patterns of behavior which perpetuate his mistreatment or confusion by the outside world. As important adults in the lives of children we must become responsible for directing children toward long-term goals beyond the academic classroom. While prevention of harmful influences should be a major concern, one must look also at correction or remediation of those who present themselves to us with disturbances of development at the present time. Our goal then becomes that of addressing their currect level of functioning, their developmental needs.

STAGE I: IMPULSIVITY--Ages: 0-1½

Passive Adaptive Behavior	Normative Adaptive Behavior	Active Adaptive Behavior
Child is "ever-patient." He waits infinitely and inhibits responding to or communicating impulses and inner needs. He does not react to obvious frustrations, i.e., hunger, discomfort.	Child seeks instant gratification of physical and psychological needs from external world. He cannot control impulses and is aware of nothing but the here and now and self.	Child responds to inner need and impulses with intense and prolonged upset. He may show fearful rage or panicky and frantic reactions. He is not easily calmed or gratified.
Child denies, avoids, withdraws, and otherwise inhibits the communication of his impulses and inner needs. He under-responds.	Child uses entire body to express and communicate impulses and needs. He translates "sensual" thought into immediate and intense action, i.e., grabs or bites ("I want. I take"), fusses and moves whole body. He cannot verbalize feelings and needs but tries to avoid discomfort.	Child communicates impulses and inner needs with "narcissistic rage," i.e., screams, flails body, shows undirected agitation. He is totally preoccupied with own feelings and needs.
Child can delay gratification indefinitely. He seems apathetic to feeling that external world is there to meet his needs.	Towards end of stage (after object permanence about 8 months) child can delay gratification temporarily. He trusts that external world will take care of him and meet his needs shortly.	Child seems to mistrust external world. He impulsively meets own needs according to ability, i.e., takes, grabs, bites what he wants.
☐	☐	☐

ADDITIONAL COMMENTS:

STAGE II: IMPULSIVITY--Ages: 1½-3

Passive Adaptive Behavior	Normative Adaptive Behavior	Active Adaptive Behavior
Child delays gratification with a retentive theme. He stubbornly withholds expressions of frustration, i.e., won't call, won't show. He shows little or no self-assertion of need and over-controls his energy.	Child can delay gratification for short period of time if shown that gratification is forthcoming. He can substitute gratification, i.e., can be distracted from one situation to another. His egocentricity and reliance on his own perceptions cause him to personalize frustrations and act accordingly, i.e., doubt himself and be ashamed of his abilities when autonomy is thwarted.	Child cannot be diverted from needs to gratify self, i.e., do as he wishes, etc. He cannot substitute gratification but insistently asserts himself with little, if any, control of his actions or expressions.
Child inhibits communications of his impulses and needs with compulsive over-control. He holds in anger and other expressions of affect.	Child can use language and locomotion to release or delay impulses. He can verbalize desires, can walk to meet needs and can ask or move for help. He can actively fend for self to a small degree.	Child communicates impulses and needs with destructive, defiant and impulsive motor discharge, i.e., hits, tears, smashes and destroys objects. He uses angry and explosive tantrums, blaming others for his frustrations.
Child deals with frustrations by binding energy with rituals, compulsions and obsessions, i.e., lining up objects, entering doorway in specified way at all times, concerning self with cleanliness and/or punctuality and "goodness" at all times.	When independence is stifled, child will take out frustration on objects or people (displace or project), i.e., throw toy, hit child, rip paper. May try to undo these angry discharges soon after, i.e., kiss toy, hug child, give "gift" to focus of anger.	Child deals with frustrations with uncontrolled behaviors. This discharge is messy, uncoordinated, dirty and hyperactive in nature. He loses control and cannot focus his anger on the correct situation in the correct way.
Child exhibits self-doubt and shame to a great degree, i.e., depressed, suicidal overtones. He seems resigned to failure and inability to change this. May be self abusive, injurious or "accident prone."	Child exhibits growing confidence and self-control. He believes most needs can/will be met by others or self. He can accept minor limitations from reality, i.e., "You cannot climb up this chair because it will fall and hurt you, but . . . ."	Child expresses lack of self-respect and control with angry, defient actions which are hurtful to others. He appears not to care and uses impulsive actions to hurt others, i.e., physically injure others.
☐	☐	☐

ADDITIONAL COMMENTS:

STAGE III: IMPULSIVITY--Ages: 3-6

Passive Adaptive Behavior	Normative Adaptive Behavior	Active Adaptive Behavior
Child exhibits inhibited initiative, i.e., suppresses energy which would express needs to "find out." He seems not to care about himself, others and the world with regard to exploring and problem solving.	Child can tolerate moderate amounts of frustration, can understand many delays to his gratification and can accommodate to most constraints of reality, i.e., he can accept, "You cannot stay up (intrude) until all the guests leave because . . . but you can stay up until 8 . . . ."	Child exhibits unbounded initiative. He expresses frustration at need to "know" with ceaseless questions, intrusions and assertions. He cannot accept limits to his curiosities, i.e., insists on further questioning, frantic explorations, etc.
Child denies impulses, does not make appropriate decisions, and does not care to explore and question when he should. He is under-assertive regarding his needs and curiosities.	Child channels impulsive energy into curious explorations. He pokes into things, asserts self with people and invades the unknown (purses, closets, boxes, etc.). He tries to solve problems, get answers to his questions and master the world of people and objects close to him. He acts out in play and puts energy into imaginative play realm.	Child frantically searches to understand the ways of the world but does not obtain calm from this. He continues his attack energetically. He will continue in his attack and need to "know"; he appears vigorously "nosey."
☐	☐	☐

ADDITIONAL COMMENTS:

STAGE IV: IMPULSIVITY--Ages: 6-12

Passive Adaptive Behavior

Child functions in the normative adaptive style, however may involve self in somewhat less than is desirable, i.e., due to learning problems, a move, etc. Extreme stress can cause regression to earlier stage functioning (see I-III).

☐

Normative Adaptive Behavior

Child can organize energy constructively, i.e., in academic, social and sport pursuits. He is industrious and can sublimate energy in play, hobbies, work, and school activities.

Child pursues knowledge about external world, i.e., studies animals, basic laws of physics, etc. This understanding of his tangible world enables him to cope/deal with concrete (not abstract) problems.

Child can understand frustrating circumstances from different perspectives and in objective manners. He does not respond impulsively, but pauses, reflects and analyzes situations. He can conserve thoughts about effective functioning.

☐

Active Adaptive Behavior

Child functions in the normative adaptive style, however, may involve self somewhat more than is desirable. Extreme stress can cause regression to earlier stages functioning (see I-III).

☐

ADDITIONAL COMMENTS:

The Child in Stage I

> The basic need of every person is to be loved.
>
> --Victor Hugo, Les Miserables

This child, for whatever reasons, has not gained the basic nutriments for both positive and substantial attachments to people and interest in objects of his world. He has not taken in the feelings of love for himself, trust of other people and security in the safe, predictable qualities of the outside world. He exhibits either passive detachment from, infantile urgency with, or active rejection of, the outside world and is in need of interventions geared to facilitate appropriate emotional-social development. Fundamental to his needs are the following requirements:

Radius of Significant Relations (Who--Adult): One consistent mothering figure to nourish his security.

Social Level (Who--Other Children): Isolation from other children, solitary play or 1:1 attention from a nurturing child.

Zones of Importance (Where): Senses, especially around mouth; visual, auditory, tactile, olfactory and gustatory senses and movement.

Modes/Processes of Functioning (How): Oral and sensorimotor incorporation; sensual stimulation and taking in.

Goals of Stage (What): Awareness of inner states (id), attachment to and trust in other people, self-love and deep sense of security, sustained interest in objects, hope and optimism.

Illustrative General Needs

Interactions with Adult

Nurturance of and responsiveness to child's urgent needs and primitive communications by one consistent adult.

Strong, stable, unshifting and rich emotional investment from primary caretaker to motivate his interest in the outside world, activate his sensorimotor learning and offer feelings of pleasure linked to human contact for child to incorporate.

Physical and psychological protection from hurt; adult to regulate his needs (feed when hungry, comfort when pained), and to act as reality tester (judge safe vs. unsafe, good vs. bad) and conscience (guide actions from wrong to right) by inhibiting, distracting and offering alternatives physically, i.e., taking a dangerous object away from child.

Stimulation of his senses with varied experiences of interest; provide contrasts with sensory and affective exposures (varied sensations and feelings).

Adult, as representative of outside world, to provide child with consistency of care and constancy of person; concept of object permanence developed by short absences, peek-a-boo and hide-and-go-seek games followed by richly emotional "reunions and finds" to promote child's continued interest in and memory for people and objects. Child learns to trust that quality care will continue even when significant person is away and that person will return. Letters, phone calls, photos, souvenirs and follow-throughs on promises helpful to maintain attachment.

Responsiveness to his non-verbal communications, especially during comforting times, such as feeding, holding, gazing; pleasure attached to eating and other bodily sensations.

Reassurance of continuous and capable care regardless of his actions, especially with adopted children or others fearful of pain and/or separation.

Interactions with Other Children

Solitary play away from other children for safety and comfort, i.e., child has his own area away from others (crib, desk, etc.).

Time to "practice play" merely for purpose of play-not goal-oriented or performance-oriented.

1:1 attentions from a nurturing and appropriately stimulating child under adult guidance.

Opportunities to observe children from afar, watch them as stimulating objects and enjoy their sensory stimulation (movement, sounds, etc.).

If child older, practice with caring and nurturing; child helped to protect and nurture a less able child, to feed; play with a safe peer.

Cognitive and Related Educational Activities

Experiences to develop in child a feeling that he has an effect on the outside world by adult accommodation to his responses (imitate his smile, his sounds, his movements) and adult encouragement of his imitation of adult's play (blink, clap, sound).

Human responsiveness to elicit concept of cause and effect (he cries--gets comfort; he reaches out to object--gets help to grasp it; he moves body in excitement--adult responds with excitement).

Varied objects to interest his visual, auditory, tactile, olfactory and gustatory senses and movement; safe objects for him to manipulate with his sight, hearing, touch, smell, taste and movement; child's thinking is by sensing and acting.

Interesting and highly valued objects to engage his attention and provoke his ability to discriminate in a gross manner, i.e., green-pink, fast-slow, warm-cool, strong-weak smell, sweet-sour sensations and eye to hand and hand to mouth coordination.

Contrasting sensual objects, i.e., colors, shapes, sizes, sounds, textures, odors, movements; engaging objects, i.e., face with white and black and brown in round eye, rattle with sound when shaken, song with high and low notes--fast and slow tempo.

Area of child's own where he feels totally safe without confusing interruptions of outside world, i.e., own crib, own desk, area under adult's desk, territory between two demarcation lines, space in one corner of room for solitary play and absolute privacy.

Objects exhibiting cause and effect to develop his activity upon world with intention, i.e., push-pull-shake toy--it rattles; push button--it rings; turn knob--door opens. Unstructured but safe environment allowing for such sensorimotor exploration; field trips and highly valued activities to interest child.

Schedule which incorporates child's more urgent needs (hunger, elimination, etc.) yet which also is predictable and consistent; certain invariant routines for child to depend on, i.e., eat—>sleep, in room —>storytime, language time—>free play.

Good incorporations provided: comfortable people, calm sounds, loving touches, food, warmth in words and safe and secure feelings given to child, i.e., "You are such a good boy . . . I like you so much . . . I missed you."

Understanding of world through here and now sensual activities; simple explanations by exhibiting effects of situation, i.e., hit water--splash; throw ball--it goes beyond child; caretaker away for short while --returns to child.

Object permanence experiences: peek-a-boo, hide-and-go-seek, concentration-type games to encourage feeling that objects exist even when they cannot be seen or otherwise sensed. After about eight months of age (or eight months of consistency) child able to retain image of significant object for short time and enjoy such play when object is soon returned; will search for lost object after about ten months of age, exhibiting beginning of memory.

Calming mood music for child to incorporate, i.e., classical, lullaby, slow mood sounds, song with child's name in it to gain his interest, strong beat for child to move to.

Art activities such as scribbling with big crayons or paint or squeezing ball of clay, sensing qualities of objects without concern of task or performance.

Language activities to encourage awareness of sounds, gross discrimination between sounds, identification and labeling by sounds, i.e., child looks at or points to object--adult gives verbal label to object; doorbell rings--person enters; child cries--adult comes to comfort; child labels animal--learns the sound it makes.

Illustrative Special Needs

Plants and/or animals dependent on child's consistent caretaking monitored by adult; child's active role regarding theme of nurturance of one onto another with indirect and less threatening objects in external world.

Extreme availability, daily closeness and responsiveness (to all signals) from one caretaker; unconditional, protective mothering to encourage attachment; encouragement of child to communicate more clearly and experiences to build trust.

For children with feeding disorders: (1) if undereating, child needs calm experiences and associations of mothering and eating; pleasurable connection between eating and security in external world; or (2) if over-eating, child needs gentle inhibition of his desire to continue feeding as well as calm tone, secure mood and loving attentions of mothering figure to replace intake of food.

For children who overassimilate (respond to new situations with stereotypic, ritualistic or other same-type behaviors), i.e., the autistic child: adult encouragement in child's assimilation play ⟶ gradual introduction of disequilibrium by adult (directing child to new objects, with novel experiences and about uncommunicated yet vital issues); gentle encouragement by trustworthy adult for child to copy or imitate the organized lead of the adult, i.e.,

follow the leader, copy cat and other activities to encourage the child to center outside of himself (Cowan, 1978) as well as human reinforcement (affection, etc.).

For underresponsive or underactive child: more intense and sustained stimulation from primary adult; persistent and stimulating enticement from sensual world (visual, auditory, tactile, olfactory and gustatory senses and movement).

For rejective child: experiences where child realizes continued care and investment from adult will occur even in the face of child's rejection; intense continuity in care; tender but firm inhibition of child's hurtful aggression (biting, spitting); acceptance of the child but not allowance of his hurtful actions; disapproving without anger; encouragement of child to depend on adult for need gratification rather than "do it alone" and extreme responsiveness to child's needs and primitive communications to promote positive attachment to human beings.

For overresponsive or overactive child: less intense and shorter stimulation from primary adult; gradual introduction of sensorimotor stimulations from minimal to more moderate degrees, i.e., soft auditory stimulation to gain attention of tactilely defensive child, gentle introduction of touch . . . ability of child to tolerate being held by adult.

"Losing" is especially <u>detrimental</u> to a child in this stage and should <u>not</u> be a mode of intervention, i.e., loss of privileges, tokens, attention, assistance, etc.

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